

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd Floor  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

Daniel J. Broderick  
Acting Federal Defender

Linda C. Harter  
Chief Assistant Defender

February 27, 2006

**FILED**

FEB 27 2006

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_  
DEPUTY CLERK

Michael Bigelow  
Attorney at Law  
428 J Street, #350  
Sacramento, CA 95814

Re: United States v. Andrew F. Bedenfield  
CrS-05-125-MCE

Dear Mr. Bigelow:

This will confirm your appointment by the Honorable Morrison C. England, U.S. District Judge, to represent the above-name defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is a CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



LUPE HERNANDEZ  
Operations Administrator

:lh  
Enclosures

cc: ✓ Clerks Office  
Ninth Circuit, Clerk

| 5. CIR./DIST./DIV. CODE<br>CAE  |                        | 2. PERSON REPRESENTED<br>Bedenfield, Andrew Felitt |   | VOUCHER NUMBER                                |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
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| 3. MAG. DKT./DEF. NUMBER  |                        | 4. DIST. DKT./DEF. NUMBER<br>2:05-000125-001       |   | 5. APPEALS DKT./DEF. NUMBER                   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 7. IN CASE/MATTER OF (Case Name)<br>U.S. v. Bedenfield  |                        | 8. PAYMENT CATEGORY<br>Felony                      |   | 9. TYPE PERSON REPRESENTED<br>Adult Defendant |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   | 6. OTHER DKT. NUMBER                          |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 10. REPRESENTATION TYPE<br>(See Instructions)<br>Other  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)<br>AND MAILING ADDRESS<br>BIGELOW, MICHAEL B.<br>428 J STREET #350<br>SACRAMENTO CA 95814<br><br>Telephone Number: (916) 443-0217   |                        |  | 13. COURT ORDER<br><input checked="" type="checkbox"/> O Appointing Counsel<br><input type="checkbox"/> F Subs For Federal Defender<br><input type="checkbox"/> P Subs For Panel Attorney<br><input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> Y Standby Counsel<br>Prior Attorney's Name: _____<br>Appointment Date: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or<br><input type="checkbox"/> Other (See Instructions) _____<br>Signature of Presiding Judicial Officer or By Order of the Court _____<br>Date of Order 02/09/2006 _____<br>None Pro Tunc Date _____<br>Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  | 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)  |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">CATEGORIES (Attach Itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:10%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8">15. In Court<br/>a. Arraignment and/or Plea<br/>b. Bail and Detention Hearings<br/>c. Motion Hearings<br/>d. Trial<br/>e. Sentencing Hearings<br/>f. Revocation Hearings<br/>g. Appeals Court<br/>h. 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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment<br/>         Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>         Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br/>         I swear or affirm the truth or correctness of the above statements.<br/>         Signature of Attorney: _____ Date: _____       </td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </tbody> </table> |                        |  |   |   |                      | CATEGORIES (Attach Itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW | 15. In Court<br>a. Arraignment and/or Plea<br>b. Bail and Detention Hearings<br>c. Motion Hearings<br>d. Trial<br>e. Sentencing Hearings<br>f. Revocation Hearings<br>g. Appeals Court<br>h. 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|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| (Rate per hour = \$ 92 ) TOTALS:  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 16. Out of Court<br>a. Interviews and Conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and Other work (Specify on additional sheets)  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
|   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| (Rate per hour = \$ 92 ) TOTALS:  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)  |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 18. Other Expenses (other than expert, transcripts, etc.)   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM _____ TO _____  |                        |  | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION   |   | 21. CASE DISPOSITION |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements.<br>Signature of Attorney: _____ Date: _____   |                        |  |   |   |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 23. IN COURT COMP.  | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES                                | 26. OTHER EXPENSES  | 27. TOTAL AMT. APPR / CERT                    |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER   |                        |  | DATE  | 28a. JUDGE / MAG. JUDGE CODE                  |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 29. IN COURT COMP.  | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES                                | 32. OTHER EXPENSES  | 33. TOTAL AMT. APPROVED                       |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.  |                        |  | DATE  | 34a. JUDGE CODE                               |                      |  |               |                      |                          |                           |                   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |   |  |                      |   |  |  |  |  |  |                    |                        |                     |                    |                            |  |   |  |  |      |                              |  |                    |                        |                     |                    |                         |  |  |  |  |      |                 |  |

1 **MICHAEL B. BIGELOW**  
2 **Attorney at Law**  
3 State Bar No. 65211  
4 428 J Street, Suite 350  
5 Sacramento, California 95814  
6 Telephone: (916) 443-0217  
7 FAX (916) 447-2988

8 Attorney for Petitioner  
9 Andrew Felitt Bedenfield

10 **IN THE UNITED STATES DISTRICT COURT**  
11 **FOR THE EASTERN DISTRICT OF CALIFORNIA**

12 UNITED STATES OF AMERICA ) No. CIV S-05-125 MCE  
13 Plaintiff, )  
14 v. ) **NOTICE OF APPEAL**  
15 ANDREW BEDENFIELD, )  
16 Defendant. )

17 NOTICE is hereby given that Defendant, ANDREW BEDENFIELD  
18 appeals to the United States Court of Appeals for the Ninth  
19 Circuit from his sentence and the order and judgment of the  
20 district court entered on February 7, 2006, the Honorable  
21 Morrison C. England, Jr., presiding.

22 DATED: February 10, 2006 Respectfully submitted,

23  
24 /S/MICHAEL B. BIGELOW  
25 Michael B. Bigelow  
Attorney for Defendant/Appellant